Documentation of Expanded Function Training for Dental Assistants

Iowa Board of Dental Examiners

Name of registered dental assistant: Registration number:											
Work add	ress:										
Currently	certified with th	ne Dental	Assistin	g Natior	nal Board	: Yes 🗌	No 🗌 If y	es, certificate number:			
Have a m	inimum of two	years ex	perience	in clinic	al dental	assisting:	Yes No No	From:	to		
*Please check the box indicating what kind of training you completed. Check only one box indicating form of training completed. Put a date in each of the boxes below indicating when each component and assessment was completed for each expanded function.											
Expanded Function	TRAINING A= Accredited	Initial Assessment	Didactic Component	Clinical Component	Lab Component	Post-course Assessment	Signature of Trainee	Signature of Instructor/ Clinician	Signature of Supervising Dentist		
	B= Board- approved On-the-job										
Taking Occlusal Registrations	A 🗌										
	В										
Placement & Removal of Gingival Retraction	A 🗌										
	В										
Taking Final Impressions	A \square										
	В										
Fabrication and Removal of Provisional Restorations	A 🗌										
	В		_	_							

Expanded Function	TRAINING A= Accredited B= Board- approved On-the-job	Initial Assessment	Didactic Component	Clinical Component	Lab Component	Post-course Assessment	Signature of Trainee	Signature of Instructor/ Clinician	Signature of Supervising Dentist
Applying Cavity Liners & Bases, Desensitizing Agents and Bonding Systems	A 🗌 B 🔲								
Placement & Removal of Dry Socket Medication	A								
Placement of Periodontal Dressings	A 🗌 B 🔲								
Testing Pulp Vitality	A □ B □								
Monitoring of Nitrous Oxide Inhalation Analgesia	A 🗌 B 🔲								

<u>Documentation Instructions</u>: If you complete a course through an accredited program (e.g. approved community college or university), retain a copy of the certificate of completion. If you completed Board-approved on-the-job training in a specific expanded function, maintain documentation including a copy of course materials, and copies of all initial and post-course assessments in the dental office of practice.